



State of New Hampshire  
Department of Environmental Services  
Asbestos Management and Control Program  
Application for Certification  
Asbestos Abatement Supervisor



Please complete all sections of the application by printing or typing the required information, attaching all required documentation, and signing the application.

I. APPLICANT:

Name (last) \_\_\_\_\_, (first) \_\_\_\_\_, (mid I) \_\_\_\_\_  
Social Security Number (identification only) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_, Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

II. COMPANY OR PRINCIPLE PLACE OF EMPLOYMENT:

Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_, Fax: \_\_\_\_\_

III. APPLICATION INFORMATION:

- a.) Is this a new application or a renewal application? \_\_\_\_\_  
If this is a Renewal Application attach a photocopy of your NH Certificate.
- b.) Have you previously applied for an asbestos abatement supervisor certificate in the State of New Hampshire? YES \_\_\_\_\_, NO \_\_\_\_\_
- c.) Are you licensed, certified, or permitted as an asbestos abatement supervisor in any other state other than New Hampshire? YES \_\_\_\_\_, NO \_\_\_\_\_  
If YES, please list the name of the state, date of certification, and certificate number. \_\_\_\_\_  
\_\_\_\_\_
- D.) Submit two clear, unutilated, and unstapled 1 1/2 x 1 inch color photographs, with your name legibly printed on the back of each photograph.

IV. ASBESTOS ABATEMENT PROJECTS:

Attach to this application a list of asbestos abatement projects performed or supervised by you within the last twelve months. (Must show documentation of at least one year of experience.) Provide date of project, name of project owner, contact person, telephone number, and site supervisor if not you. If the answer is none, please check here \_\_\_\_\_.

V. TRAINING OF APPLICANT:

Please complete the section below and attach documentation of course attendance and grade on final exam.

Course Title	Course Sponsor	Date Completed	Grade on exam

VI. ENFORCEMENT ACTION:

a.) Are there any outstanding state or federal enforcement actions pending against the applicant with regard to asbestos abatement work?

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

b.) If the answer is YES, attach detailed information to this application about the enforcement action, including the name of the federal or state agency taking action.

VII. STATEMENT OF COMPLIANCE:

I certify that I have read and understand the New Hampshire Asbestos Management Rules. I further certify this application is prepared in conformity with the New Hampshire Regulations for asbestos control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: \_\_\_\_\_

TITLE: \_\_\_\_\_

Date: \_\_\_\_\_

Please send completed application to:

New Hampshire Department of Environmental Services  
Bureau of Environmental and Occupational Health  
ATTN: Asbestos Licensing / Certification  
PO Box 95 - 29 Hazen Drive  
Concord, NH 03302-0095

Phone: (603) 271-4609

DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE AS SPECIFIED  
IN HE-P 5008.06 (B) (2):

\$200.00 FOR A NEW APPLICATION, OR  
\$150.00 FOR A RENEWAL APPLICATION.

CHECKS AND/OR MONEY ORDERS SHALL BE MADE PAYABLE TO "TREASURER, STATE OF NEW HAMPSHIRE".